

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1	1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		2		2		
9		2		2		
10		2		1		
11		1		1		
12		1		2		
13		1		2		
14	1			1		
15		1		1		
16		1		1		
17		1		1		
18	1		1			
19	1		1			
20				1		
21				1		
22				1		
23			1			
24				1		
25				2		
26				1		
27				1		
28			1			
29				1		
30				1		
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	17					
TOTAL CLAIMS	21					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS